



National  
Aeronautics and  
Space  
Administration

# Overseas Travel Order

1. PREPARED BY

1a. PREPARATION DATE

2. DATE OF ORDER

3. ORDER NO.

4. PERIOD OF TRAVEL (*On or about*)



4a. BEGIN

4b. END

5. NAME

6. PASSPORT  
DATA

a. NEW PASSPORT  
REQUIRED

b. REVALIDATED  
PASSPORT

7. TITLE

7a. EMPLOYEE NUMBER

7b. SOCIAL SECURITY NUMBER

8. LETTERS FROM  
HEADQUARTERS TO ANY  
ORGANIZATIONS LISTED IN  
ITEM 19 (*Give complete  
information in item 20 or attach  
additional sheets.*)

☐

a. YES

b. NO

9. ORGANIZATIONAL UNIT

9a. OFFICE PHONE

10. MODE OF TRANSPORTATION

a. COMMERCIAL AIR

b. GOVERNMENT AIR

☐

c. BOAT

d. OTHER

11. OFFICIAL STATION

12. HOME ADDRESS

13. PER DIEM RATES

a. FIXED RATE: \$

☐

b. VARYING RATES PER FTR OR JTR, AS APPROPRIATE

c. FLAT RATE (*Extended TDY*)

14. GRADE (*For MATS only*)

15. LEAVE TO BE TAKEN

17. TRAVEL ADVANCE

YES

NO

17a. AMOUNT (*If yes*)

18. GOVERNMENT ISSUED CHARGE CARD

YES

NO

16. PURPOSE OF TRAVEL (*Explain fully. Attach additional sheet  
if necessary.*)

19. ITINERARY (*Include countries to be visited, organizations, locations, etc.*)

20. SPECIAL PROVISIONS OR REMARKS

21. MEDICAL CLEARANCE RECEIVED FROM NASA HEALTH UNIT

YES

NO

SIGNATURE OF MEDICAL DIRECTOR

22. REQUESTING OFFICIAL

SIGNATURE

TITLE

## FOR FISCAL OFFICE USE

ESTIMATED COST

ACCOUNT NUMBER

a. Transportation

b. Per Diem

c. Rental Car

d. Registration Fee

e. Miscellaneous

f. TOTAL

23. CERTIFICATE OF AUTHORIZATION BY DESIGNATED  
AUTHORIZING OFFICER

*You are hereby authorized to travel at Government expense under the  
conditions noted on this authorization and in accordance with the Federal  
Travel Regulations or Joint Travel Regulations, as appropriate. The order  
number and the date of this authorization must appear on each voucher  
claiming reimbursement for expenses incurred consequent to this order.*

SIGNATURE

TITLE